

Dangerous Waste Annual Report Off-Site Identification Form

Off-Site Identification Form OI						
Please enter your RCRA Site	Please Enter:	Please Enter:				
at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your off-site identification facilities.			Your RCRA Site	ID Number:	WA	
Please complete this form if your facility received dangerous waste from off			Site Name:			
site or shipped dangerous waste off site during the year. Please type or print legibly in blue or black ink.				For Ecology Use Only: Date Received:		
	n blue or black ink.		Date Received:			
RCRA Site ID Number:						
Name:						
Site Address:						
City/State/Zip:						
Country:						
Comments:						
Handler Type:	(Check all that apply)	☐ Generator	Transporter	☐ TSDR	Special Waste	
RCRA Site ID Number:						
Name:						
Site Address:						
City/State/Zip:						
Country:						
Comments:						
Handler Type:	(Check all that apply)	Generator	Transporter	☐ TSDR	Special Waste	
RCRA Site ID Number:						
Name:						
Site Address:						
City/State/Zip						
Country:						
Comments:						
Handler Type:	(Check all that apply)	Generator	Transporter	☐ TSDR	Special Waste	
RCRA Site ID Number:						
Name:						
Site Address:						
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Country:						
Comments:						
Handler Type:	(Check all that apply)	Generator	Transporter	☐ TSDR	Special Waste	
RCRA Site ID Number:						
Name:						
Site Address:						
City/State/Zip:						
Country:						
Comments:						
Handler Type:	(Check all that apply)	Generator	☐ Transporter	☐ TSDR	Special Waste	

Ecology form ECY 070-134, revised May 2012

If you need this document in a format for the visually impaired, call the Hazardous Waste and Toxics Reduction Program at 360-407-6700. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.